

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# OCT 27 1937

## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County StoddardRegistration District No. 838

Township

Primary Registration District No. 4509City Dexter

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

## 2. FULL NAME

Elisha Boyd Lincoln

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

da. \_\_\_\_\_

How long in U. S., if of foreign birth?

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

da. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFMartha Edna Lincoln

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 22, 1854

7. AGE

YEARS

83

MONTHS

1

DAYS

18If LESS than 1  
day, .....hrs.  
or .....min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Retired9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Missouri

13. NAME

Wm. G. Lincoln14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown

15. MAIDEN NAME

Mary Boyd16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown17. INFORMANT  
(ADDRESS)Robt. Lincoln,  
Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Zion Cem.DATE 9/12/3719. UNDERTAKER  
(ADDRESS)Blankenship-Strickland  
Dexter, Mo.

20. FILED

9/141937Margaret Boone Deputy

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/10/371937

22. I HEREBY CERTIFY, That I attended deceased from

Aug 21 1937, to Sept 10 1937I last saw him alive on Sept 10 1937. Death is saidto have occurred on the date stated above, at 8:10 pm

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

Cholecystitis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1937

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Dr. J. P. Adams

M. D.

(Address) Dexter Mo

